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Patient Reported Outcomes: New Approaches using Item Banks or Computerized Adaptive Assessment

Introductory Comments

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Looking Back

Traditionally, Health Outcomes has been captured using a variety of scales. In psychiatry many scales were introduced over the last few decades mostly based on expert opinion and clinical experience, but the majority fell short:

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Looking Back

- Questionable psychometrics
- Rarely based on a conceptual or theoretical construct
- Not sensitive enough to pick the expected small changes
- Lengthy, cumbersome and not suited to the life of psychiatric patients
- Not specific to the illness nor adapted to its various stages

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Looking Back

- Does not truly capture the patient' perspective
- Frequently not culturally sensitive
- Some scales used only in few studies, their general applicability is not known
- Other scales frequently used as they are commonly used by others without questioning their suitability
- Difficult to compare data due to the lack of a standardized scoring metrics

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Looking Forward

- New methodologies need to match recent increased interest in PRO
- Applying contributions from Item Response Theory (IRT) may provide new approach based on modern measurement theory
- Advances in computer technology allows for computer-based assessment which can provide more precise and individually tailored assessments of health status using aspects of Computerized Adaptive Testing (CAT)
- Support from NIH (NIH Roadmap Initiative [PROMIS] has added significant impetus.
- Yet, it is clear that the technological advances are not without its problems and limitations.

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We look forward to our distinguished speakers to share with us their expertise and to inform us by providing their critical evaluation of these methodologies and their applicability to the fields of psychiatry and neurology.